

**2019 CONTRA COSTA COUNTY
MONTHLY DENTAL PLAN PREMIUMS**

**RETIREES WHO WERE ELECTED OFFICIALS AND SWORN MGMT
EMPLOYEES - DEPUTY SHERIFF'S ASSOC AT THE TIME OF RETIREMENT**

DEDUCTIONS EFFECTIVE JANUARY 1, 2019

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Retiree	\$46.06	\$41.62	\$4.44
	Retiree + 1	\$104.04	\$94.02	\$10.02
	Retiree + 2 or more	\$104.04	\$94.02	\$10.02
For CalPERS Health Plans	Retiree	\$46.06	\$34.47	\$11.59
	Retiree + 1	\$104.04	\$77.79	\$26.25
	Retiree + 2 or more	\$104.04	\$77.79	\$26.25
Without a Health Plan	Retiree	\$46.06	\$43.80	\$2.26
	Retiree + 1	\$104.04	\$98.83	\$5.21
	Retiree + 2 or more	\$104.04	\$98.83	\$5.21
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$29.06	\$25.41	\$3.65
	Retiree + 1	\$62.81	\$54.91	\$7.90
	Retiree + 2 or more	\$62.81	\$54.91	\$7.90
For CalPERS Health Plans	Retiree	\$29.06	\$21.31	\$7.75
	Retiree + 1	\$62.81	\$46.05	\$16.76
	Retiree + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Retiree	\$29.06	\$27.31	\$1.75
	Retiree + 1	\$62.81	\$59.03	\$3.78
	Retiree + 2 or more	\$62.81	\$59.03	\$3.78